PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003								1	Application or Docket Number				
									0 0	1-	7/5	85	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL		NTITY	OF		R THAN ENTITY	
TOTAL CLAIMS			13					TE	FEE	٠	RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		FEE	385.00		BASIC FEI	<del></del>	
TOTAL CHARGEABLE CLAIMS			12"	3 minus 20=		•		 9=		7	V510		
INDEPENDENT CLAIMS			P	Ainus 3 =	•	•		}=	-	OR	Y05	<del> </del>	
MULTIPLE DEPENDENT CLAIM PR			PRESENT							OR	A00=	<del> </del>	
<u> </u>	the differenc	e in column 1 is	less than a	less than zero, enter "0" in column 2			+14			OR	+290=		
•							TOT	AL		OR	TOTAL	77	
		(Column 1)	AMENDE	MENDED - PART II (Column 2) (Colum			SMA	SMALL ENTITY			OTHER THAN R SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA	RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=	X\$ 9	_		OR	X\$18=		
<b>AME</b>	Independent	*	Minus	***		=	X43:			OR	X86=		
	FIRST PRESI	PENDENT	CLAIM		1.45	$\dashv$		1					
							+145			OR	+290= TOTAL	,	
	(Column 1) (Column 2) (Column 3)							ADDIT, FEEOR ADDIT, FEE					
NDMENT B		CLAIMS		HIGHE	ST			Т	ADDI-	) r		ADDI-	
	······································	REMAINING AFTER AMENDMENT		PREVIOU PAID FO	USLY	PRESENT - EXTRA	RATE		FEE_		RATE	TIONAL	
	Total	*	Minus	**		= .	X\$ 9=	.		OR	X\$18=		
≨ ŀ	Independent	*	Minus	***		= .	X43=			OR	X86=		
	FIRST PRESE	NTATION OF ML	LIPLE DEF	PENDENT	LAIM		+145=		-		+290=		
		•	•				TOTA			OR	TOTAL		
(Column 1) (Column 2) (Column 3)								EL		OR A	DDIT. FEE	<del></del>	
2		CLAIMS REMAINING AFTER	·	HIGHES NUMBE PREVIOU	ST R	(Column 3) PRESENT EXTRA	RATE		ADDI- IONAL	Γ	RATE	ADDI- TIONAL	
5	Fotal .	AMENDMENT		PAID FC	)R		ļ	╀	FEE			FEE	
₹  -			Minus Minus	**		=	X\$ 9=			OR	X\$18=		
<b>;</b>	FIRST PRESENTATION OF MULTIPLE DEP			ENDENT C	I		X43=		1	OR	X86=		
				•			+145=	T		OR	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									•	OR A	TOTAL DIT. FEE		
Th	e *Highest Numt	per Previously Paid	For* (Total or	Independent)	ss than is the h	3, enter 3. lighest number f			priate box				